

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.

2010 JAN 19 PM 4:21

HP

COMMITTEE NAME (Must be same as on Statement of Organization)

MOORE FOR CITY COUNCIL

IMPORTANT: Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

SKIP MOORE

Political Party (if applicable)

N/A

Office Sought

CITY COUNCIL AT LARGE

District (if Senate or House)

N/A

FORM

DR-2

(Rev. 07/2007)

**DISCLOSURE
REPORT**

For Office Use Only

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Karen A. Sheppman

SIGNATURE OF PERSON FILING REPORT

(515) 266-1350

TELEPHONE

11/19/2010

DATE SIGNED

I AM FILING A 11/19/2010 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 3,083.09

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

5,176.31

Schedule F: Loans Received total (Attach Schedule F)

-0-

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

-0-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL..... \$ 8,259.40

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

6,572.32

Schedule F: Loan Repayments total (Attach Schedule F)

-0-

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 1,687.08

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

-0-

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 3,073.00

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

-0-

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ -0-

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

MOORE FOR CITY COUNCIL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/23/09	ID# CK#	ROGER SCHOMQUER 1118 - 35TH ST DES MOINES, IA 50311		\$ 20.00	<input type="checkbox"/>
11/23/09	ID# CK#	THOMAS HOLLEY 3007 48th PL. DES MOINES, IA 50310		25.00	<input type="checkbox"/>
11/23/09	ID# CK#	CHRISTINE MANBECK 675 HARWOOD DR. DES MOINES, IA 50312		100.00	<input type="checkbox"/>
11/23/09	ID# CK#	CAROLYN STEPHENS 4900 WOODLAND AVE. DES MOINES, IA 50312		100.00	<input type="checkbox"/>
11/25/09	ID# CK#	LINDA WRIGHT 35389 NOME CT. DESOTO, IA 50069		96.80	<input type="checkbox"/>
11/25/09	ID# CK#	ROBERT GERNES 1011 - 45th ST. DES MOINES, IA 50311		30.00	<input type="checkbox"/>
11/25/09	ID# CK#	HARLEY RYNNING 1110 FREMONT ST. DES MOINES, IA 50316		20.00	<input type="checkbox"/>
11/25/09	ID# CK#	GEORGE KARAIOS 8114 SUNRISE BLVD. CLIVE, IA 50325		25.00	<input type="checkbox"/>
11/25/09	ID# CK#	DICK DEARDEN 3113 KINSEY AVE. DES MOINES, IA 50317		50.00	<input type="checkbox"/>
11/25/09	ID# CK#	ANDREA RIVERA - HARRISON 3660 PARK AVE. DES MOINES, IA 50321		100.00	<input type="checkbox"/>

SUB-TOTAL

\$566.80

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

MOORE FOR CITY COUNCIL

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/25/09	ID# CK#	UNITEMIZED CONTRIBUTIONS		\$ 20.00	<input type="checkbox"/>
11/25/09	ID# CK#	GORDON GREER 3810 AMICK AVE. DES MOINES, IA 50310		20.00	<input type="checkbox"/>
11/25/09	ID# CK#	CHERYL BOLDEN 3541 E. HIGHVIEW DR. DES MOINES, IA 50320		50.00	<input type="checkbox"/>
11/25/09	ID# CK#	CLAUDIA J. KOON 3931 SHERMAN BLVD. DES MOINES, IA 50310		25.00	<input type="checkbox"/>
11/25/09	ID# CK#	CENTRAL IOWA BUILDING AND CONSTRUCTION TRADES COUNCIL P.O. BOX 7310 DES MOINES, IA 50309		2,500.00	<input type="checkbox"/>
11/28/09	ID# 6314 CK#	LOCAL 4 FIRE P.O. BOX 1821 DES MOINES, IA 50306		750.00	<input type="checkbox"/>
11/28/09	ID# CK#	PLUMBERS AND STEAMFITTERS 2501 BELL AVE. DES MOINES, IA 50321		1,000.00	<input type="checkbox"/>
11/30/09	ID# CK#	THISHA SCAVO 2060 E. LELAND AVE. DES MOINES, IA 50320		20.00	<input type="checkbox"/>
11/30/09	ID# CK#	ANN IRVINE 1218 - 42ND ST. DES MOINES, IA 50311		25.00	<input type="checkbox"/>
11/30/09	ID# CK#	MARGARET SWANSON 2808 E. 16th ST. DES MOINES, IA 50316		35.00	<input type="checkbox"/>
SUB-TOTAL				\$ 4,445.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

MOORE FOR CITY COUNCIL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/30/09	ID# CK#	WILLIAM LILLIS 3000 PATRICIA DR. DES MOINES, IA 50322		\$ 100.00	<input type="checkbox"/>
12/12/09	ID# CK#	SHARON LITTLEJOHN 3314 OXFORD DES MOINES, IA 50313		20.00	<input type="checkbox"/>
12/12/09	ID# CK#	ROSEMARY MOODY 5285 E. OAKWOOD DR. PLEASANT HILL, IA 50327		25.00	<input type="checkbox"/>
12/14/09	ID# CK#	SKIP MOORE 3822 E. 28 th ST. DES MOINES, IA 50317		19.51	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$164.51

TOTAL (if last page of this schedule)

\$5176.31

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

MOORE FOR City Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/24/09	ID# CK# 1082	U.S. POSTMASTER 1165 - 2 ND AVE. DES MOINES, IA 50306	POSTAGE FOR MAILING	\$ 184.00
11/25/09	ID# CK# 1083	U.S. POSTMASTER 1165 - 2 ND AVE. DES MOINES, IA 50306	POSTAGE FOR MASS MAILER	765.81
11/25/09	ID# CK# 1084	TARGET 3414 8 TH ST. SW ALTOONA, IA 50009	THANK YOU NOTES	14.51
11/27/09	ID# CK# 1085	KJAM RADIO 1169 - 25 TH ST DES MOINES, IA 50311	POLITICAL BROADCAST	450.00
11/27/09	ID# CK# 1086	U.S. POSTMASTER 1165 2 ND AVE. DES MOINES, IA 50306	POSTAGE FOR MAILING	84.00
11/28/09	ID# CK# 1087	U.S. POSTMASTER PLEASANT HILL POST OFFICE 50327	POSTAGE FOR MAILING	84.00
11/30/09	ID# CK# 1088	CARTER PRINTING 1739 E. GRAND AVE. DES MOINES, IA 50316	PRINTING POSTCARDS	1,619.68
11/30/09	ID# CK# 1089	KJAM RADIO 1169 - 25 TH ST. DES MOINES, IA 50311	POLITICAL BROADCAST	150.00
SUB-TOTAL				\$ 3,352.00
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

MOORE FOR City Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12/01/09	ID# CK# 1090	TARGET 5901 DOUGLAS AVE. DES MOINES, IA 50310	POSTERBOARD FOR SIGNS,	\$ 17.55
12/04/09	ID# CK# 1091	CARTER PRINTING 1739 E. GRAND AVE. DES MOINES, IA 50316	MAILER POSTCARDS	855.42
12/04/09	ID# CK# 1092	IPJ MEDIA P.O. Box 98 DES MOINES, IA 50301	AD - IOWA BYSTANDER	300.00
12/04/09	ID# CK# 1093	MARLON MORMANN 3320 KINSEY AVE. DES MOINES, IA 50317	COMMUNICATIONS - AUTOMATED CALLS	700.00
12/04/09	ID# CK# 1094	<VOID>	/	- 0 -
12/15/09	ID# CK# 1095	AMVETS POST #2 2818 - 5TH AVE. DES MOINES, IA 50313	FOOD FOR ELECTION VICTORY PARTY	149.50
12/15/09	ID# CK# 1096	HYVEE 2540 E. EUCLID DES MOINES, IA 50317	FOOD FOR PHONE BANKING AND ELECTION NIGHT.	355.90
12/15/09	ID# CK# 1097	SKIP MOORE 3822 E. 25th ST. DES MOINES, IA 50317	CAMPAIGN PHONE CALLS, FOOD FOR PHONE BANKING, OFFICE SUPPLIES FOR FOR SIGNS	841.95
SUB-TOTAL				\$ 3,220.32
TOTAL (if last page of this schedule)				\$ 6,572.32

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

COMMITTEE NAME (Must be same as on Statement of Organization)

MOORE FOR CITY COUNCIL

SCHEDULE

E

(Rev. 06/97)

IN KIND
CONTRIBUTIONS☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
11/23/09	POLICE OFFICERS FOR GOOD GOVT 25 E. FIRST ST. DES MOINES, IA 50309		RADIO ADS	\$ 3,000.00	
11/23/09	MARLON MORMANN 3320 KINSEY AVE. DES MOINES, IA 50317		AUTOMATED CALLS	20.00	
11/23/09	JANIS BOWDEN 1250 E. 37 th ST DES MOINES, IA 50317		POSTAGE AND AUTOMATED CALLS	38.00	
12/01/09	AFSCME/IOWA COUNCIL 4320 NW 2 ND AVE. DES MOINES, IA 50313		AUTOMATED CALLS	15.00	

SUB-TOTAL

\$ 3,073.00

TOTAL (if last
page of this
schedule)

\$ 3,073.00

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)